

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046899

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JAN 7 1963

149

Registration District No. 1002

Registrar's No.

6559

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

H. Owens MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay in lb
Life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 5837 Oak Street

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
5837 Oak St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
Leo J. Gent

4. DATE OF DEATH
Month Day Year
December 23, 1962

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
11-27-1897

9. AGE (last birthday)
65

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Plasterer (Retired)

10b. KIND OF BUSINESS OR INDUSTRY
Construction

11. BIRTHPLACE (City and state or country)
Kansas City, Missouri

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Joseph P. Gent

13b. MOTHER'S MAIDEN NAME

Mary Ellen Whalen

14. NAME OF HUSBAND OR WIFE

Irene Gent

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
Yes WWI

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Mrs. Mary Gordon, 8905 Main St. K.C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Coronary Occlusion
Accelerated Heart Disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
12-26-1962

23c. NAME OF CEMETERY OR CREMATORY
Mt. Olivet Cemetery

23d. LOCATION (City, town, or county)
Kansas City, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS
20 W. Linwood
K. C. Mo.

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Melody-McGilley-Eylar

12-24-62

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.